								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									9	X	189	67	
CLAIMS AS FILED - PAR (Column 1)									ENTITY	OF		R THAN .	
T	OTAL CLAIM	S						TYPE	FEE	ם ד	RATE	FEE	
FOR			NIMBE	NUMBER FILED		BER EXTRA		BASIC FE	+	┧		 	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=	303.00	┨"	Y210	- 770.00	
INDEPENDENT CLAIMS			minus 3 =		•				 			 	
М	JLTIPLE DEPE	NDENT CLAIM F	·					X43=	 	OR	X86=	├	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=		
- 1		11	TOTAL		OR	TOTAL							
	CLAIMS AS AMENDED - PART II 7-16-0 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R.THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING ,AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·aa	Minus	· a	2	=		X\$ 9=	-	OR	X\$18=		
AME	independent	1-2	Minus] 2	<u> </u>	-		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145	· -	1	+290=		
				•			L	+145=		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							DDIT. FEE		OR	ADDIT. FEE		
_	* / / / / /	(Column 1)	T	(Colum		(Column 3)				•			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·22	Minus	* 2.	1	• /	-	X\$ 9=	·	OR	X\$18=		
	Independent	NTATION OF ML	Minus	DENDENT (N A184			. X43≖		OR	X86=		
	THOTFILOE	NATION OF WIL	LIFLE DE	FENDENT	,LAIM			+145=		OR	+290=		
						•	<u>ا</u>	TOTAL DOIT, FEE		OR ,	TOTAL ODIT, FEE		
		(Column 1)		(Column	າ 2)	(Column 3)		DOTT. V CL		, ,	ψDII. FECI		
<u> </u>		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA	ſ	RÁTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	86 %	·	=		X\$ 9=		OR	X\$18=		
	independent	*	Minus	###		•	-	X43=					
\mathbb{L}	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT C	LAIM		\vdash	^43=		OR	X86=		
ė H	the entry in colum	Ŀ	145=	·	OR	+290=	·						
oooli oo li	the "Highest Nun the "Highest Nun	nn i is less than the nber Previously Pai nber Previously Paid ber Previously Paid	d For IN THI d For IN THI	S SPACE is le	ess than	20, enter "20." 3. enter "3."		TOTAL DIT. FEE			TOTAL DOIT. FEE mn 1.		